REPUBLIC OF GHANA

What works? What fails?

FINDINGS FROM THE NAVRONGO COMMUNITY HEALTH AND FAMILY PLANNING PROJECT

NAVRONGO HEALTH RESEARCH CENTRE

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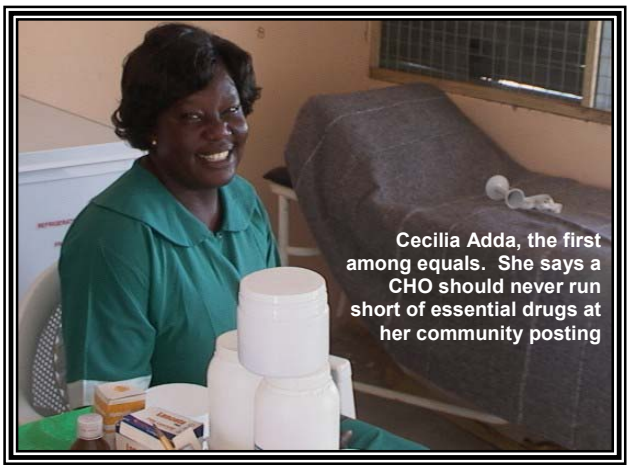
FIRST AMONG EQUALS!

Let's go straight into the heart of the matter. You were one of the first three Community Health Nurses to be trained as Community Health Officers (CHO). What motivated you to undertake the training?
I was just in the mood to try something different.


Cecilia Adda, the first among equals. She says a CHO should never run short of essential drugs at her community posting

Let's have some dates: When did you become a CHO and how did it all begin?
I became a CHO in February 1994. We were invited by the Community Health and Family Planning Project (CHFP), as community health nurses, to take part in a series of discussions about health promotion. During the deliberations we were made to understand that an experiment was underway to find out how well community health nurses would function if they went to live among the people in the communities to provide health services. Three of us volunteered. We were given an orientation on how to enter a community and engage members in discussions to improve health. Before we were deployed we were also sent to the hospital ward to observe how doctors were treating patients.

Where were you first posted and how did you fare?
I opened the first Community Health Compound (CHC) in Kayoro. I stayed there for almost two years and I fared generally well. When I was expecting my third child I withdrew briefly to the district level. I stayed in town for about eight months and when I delivered I was sent to open a new CHC in Wuru. I was in Wuru for one year and three months with my motorbike and so I was sent to work in town one more time. I got involved in an accident on my way to Kassena-Nankana east for a malaria awareness programme. A vehicle came from behind and swept me off my bike. I had a fracture in my left tibia. After three months on admission I was up again and joined my colleagues at work. I went on relief duties each time a CHO was on leave. By 1998 I was still not fully recovered to ride a motorbike so I was posted to the Chiana Health Centre. In 1999 I left for school to do a course in midwifery. When I graduated in 2001 I was posted to the War Memorial Hospital in Navrongo. I later served in Kassena-Nankana east as a midwife between November 2001 and August 2002. Then in May 2003 I was posted to Naga, once more as a CHO.

As a CHO would you say there have been any significant changes over the years?
Generally there has been a lot of improvement in the range and quality of services. When we started we did not seem to know what we were doing but through our trial-and-error work, community-based health care delivery has been streamlined. There is better targeting now than it was when we started. I remember all women were included in our registers but now it is only women in the fertility age who have been retained in the registers—those in the menopausal age have been taken out. Now we don't have to ask about every woman when we enter a compound. Family planning uptake has been on a steady rise from virtually zero in 1994. The drugs used to be free of charge but the women did not take advantage of this. Today, they even have to pay money for drugs but they come in their numbers—sometimes the crowds are so huge they are almost unmanageable. We did not have any incentives at all at the start but now CHO get a motivational allowance. But something seems to have gone wrong somewhere along the line—at an earlier time CHO used to meet regularly to compare notes and copy best practices but since resuming as a CHO I have not seen this happen. This is something that needs to be revised and maintained.

What do you particularly like about being a CHO?
I feel good because it gives job satisfaction. No one gives you a work plan—you draw your own work schedule so as to achieve efficient service delivery.

What's difficult about being a CHO?
In the first place you are by yourself—there is no one to assist you and there is no one to keep you company. So you are not only always alone but you are most of the time lonely. Then you have the workload to contend with. Being a

CHO is a health hazard—you hardly have time for yourself. Sometimes I put food on the fire while attending to patients. By the time I realise there is something on the fire it's all burnt. Starting all over again becomes a luxury I cannot afford. So I go bed on an empty stomach.

Until recently I had no decent roof over my head. Sometimes I have to compete with reptiles for space. It's not that CHO are asking for special treatment. We are just saying that since CHO are in charge of the community's health they need to be alive, healthy, strong and in good spirits to perform their duties. And just when you are about to get a wink of sleep there is a knock at the door summoning you to the scene of an emergency—someone in labour or some child in a fit of convulsion or something serious that requires the CHO's presence to make the difference between life and death. Though we literally kill ourselves just to make others live, no one, especially among our superiors, seems to appreciate the work we do. As a nurse midwife I do domiciliary midwifery because I don't have a delivery bed in my facility, no delivery kit, no forceps, and I have no bleach which is very, very important. I do the deliveries at the patient's home or at the Traditional Birth Attendant's (TBA) home. I have to bend down all the time when doing deliveries and that makes the work unnecessarily straining.

Do community members patronize your services?
Yes they do. For instance I organise antenatal clinics every Wednesday and I get between 20-25 pregnant women attending and that is a good number. Family planning is not doing too badly at all. I have in my register 785 women in the fertility age (WIFA) out of which 72 are family planning clients—50 of them are new. This is not too bad since we have done less than half of the year. The women prefer the 'injectable' because they are mostly farmers who work in the irrigation area and they tend to forget things easily. So with the 'injectable' which is every three months, they leave their cards with me. When they come to the market they pass by to ask if their time is due. Thus social distance has been bridged and FP counselling becomes customized and effective.

But something seems to be amiss. And where from this pain lurking behind your broad, generous smile?
I have been expecting some recognition from the CHFP for the work I have done for the Project. When I got involved in the accident not even a tablet of paracetamol was given to me for free. I was terribly disappointed that no one paid any particular attention to my injury. Out of sheer frustration I lost interest in pursuing the case in court; I subsequently withdrew the case and called it quits. There is little wonder that national honours for CHO are being distributed without mention of Kassena-Nankana much less me. But since I have chosen to work as a CHO I have put all this behind me. Even the motorbike from which I fell is now out of use but no one remembers to offer it to me on hire purchase. But I am still in active service and I strongly believe that all the sweat, blood, and tears that we shed to make the CHFP work to the point of becoming a national policy (CHPS) cannot have been shed in vain. The mills of God grind slowly but I know they grind exceeding small. If my reward is on the way I hope to live long enough to receive it. It will be well deserved.

Every cloud must have a silver lining. What has gladdened your heart since you became a CHO?
I remember I used to excel in all service delivery indicators among my peers to be trained as CHO. Once at a meeting at the NHRC I was voted best CHO. As a result I got invited to Accra to make a presentation at the Novotel on the work CHO were doing in the communities. I was a nursing mother at the time but I made it to the meeting with my little child. There were a few hiccups but on the whole things worked out just fine. I think that meeting provided the evidence that Navrongo was feasible and replicable. I felt very proud then—I feel proud now.

Read more about Cecilia on http://www.popcouncil.org/africa/addah.html.

Send questions or comments to: What works? What fails?
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